

## Flag Request Form

Office of Senate Majority Leader William H. Frist, M.D.

DIRECTIONS: Please mail completed form to the address below with your check made payable to "The Keeper of Stationery." If you have any questions, please call (202) 224-3344 or email Brooke Earthman at Brooke\_Earthman@frist.senate.gov.

## CONTACT INFORMATION FOR FLAG RECIPIENT

Name/Organization:					
Occasion*:					
Date flag should be flown	ı:				
Address:					
		Zip:			
	YOU	JR CONTACT INFORMAT (if different from above)	TION		
Name:					
Address:					
City:	City: State: Zip:				
Home Number:	ome Number: Cell Number:				
Email address:					
Please	select the type of flag you wis	FLAG ORDER  to purchase and indicate the	desired quantity and total po	ayment.	
SIZE	ТҮРЕ	QUANTITY	PRICE	TOTAL	
3 X 5	Nylon		X \$9.00		
3 X 5	Cotton		X \$9.25		
4 x 6	Nylon		X \$17.50		
5 X 8	Nylon		X \$18.00		
5 X 8	Cotton	TD + 1 # CTT	X \$20.00		
* NOTE:  If you are requesting a flag to be flown for a special occasion, you must include the \$4.05 for flying and certification costs. Please be sure to clearly state the occasion in the first section of this form as this information will be written on your certificate of authenticity.		Total # of Flags	SUBTOTAL		
		Please add \$4.05 <b>IF</b> you'd like the flag flown over the Capitol	+ \$4.05 per flag		
		Shipping & Handling (must be added to your order)	+ \$4.00 per flag		
be written on your cert	micate of authenticity.		TOTAL		

Please mail completed form and payment to:
Office of Senator William H. Frist, M.D.
Attention: Flag Coordinator
509 Hart Senate Office Building
Washington, D.C. 20510